

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

PAID SEP 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27895

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town: Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 A South Main St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Five years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 A. South Main St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT  
FULL NAME

William O. Hancock

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
ali \_\_\_\_\_ years  
7. Birth date of deceased Nov. 30, 1861  
(Month) (Day) (Year)

8. AGE: Year's 79 Months 9 Days 1 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Madrid County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hancock  
13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Martin  
15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Slayton  
(b) Address 221 A. South Main St.

17. (a) Removal (b) Date thereof Sept. 3, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Near Bertrand, Miss. Co. Mo.

18. (a) Signature of funeral director Frank Mortuary  
(b) Address Poplar Bluff Mo.

19. (a) 9-8-41 (b) Beile Kinnre  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31  
year 1941 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 21, 1941 to Aug 31, 1941  
that I last saw him alive on Aug 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 5 days

Due to fall - fractured clavicle

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Aug 21 - 1941  
(c) Where did injury occur? Poplar Bluff, Butler Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home - fell

While at work? no (Specify type of place) (e) Means of injury Fell out of bed

23. Signature W. B. Brackman (M. D. or other) MD  
Address Poplar Bluff Date signed 9-5-41

RECEIVED

District Health Office No. 2,

District File Number 941-1220

Date Filed 9/11/41

SEP 15

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Grover W. Green*

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.